Exhibit C

Fill in this information to identify the case:						
Debtor 1	Yellow Cab Cooperative, Inc. aka All Taxi Electronics					
Debtor 2 (Spouse, if filing)						
United States Bankruptcy Court for the: Northern District of California						
Case number	16-30063					



Official Form 410

Proof of Claim

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

1. Who is the current creditor? Earl F. Moore Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor Earl Moore							***	
	Has this claim been acquired from someone else?	Other names the creditor of the company of the com						
	and payments to the	Where should notices to the creditor be sent?			Where should payments to the creditor be sent? (if different)			
	creditor be sent?	Earl F. Moore	Same					
	Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Name 88 Ignacio Avenue	Name					
	(11121) 2002(9)	Number Street			Number	Street		
		San Francisco	CA	94124				
		City	State	ZIP Code	City	Stat	е	ZIP Code
		Contact phone (415) 4	67-0787		Contact phone			
		Contact email			Contact email			
Uniform claim identifier for electronic payments in chapter 13 (if you use				se one):				
	Does this claim amend one already filed?	No Yes. Claim number	r on court claim	s registry (if known)		Filed on	MM / DD	/ YYYY
	Do you know if anyone else has filed a proof of claim for this claim?	☑ No ☐ Yes. Who made th	e earlier filing?					

6. Do you have any number you use to identify the debtor? No Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor:							
7.	How much is the claim? What is the basis of the claim?	\$					
8.							
9.	Is all or part of the claim secured?	No Yes. The claim is secured by a lien on property. Nature of property: Real estate. If the claim is secured by the debtor's principal residence, file a Mortgage Proof of Claim Attachment (Official Form 410-A) with this Proof of Claim. Motor vehicle Other. Describe: Basis for perfection: Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.) Value of property: Amount of the claim that is secured: Amount of the claim that is unsecured: Amount of the claim that is unsecured: Amount necessary to cure any default as of the date of the petition: Annual Interest Rate (when case was filed) Fixed					
	ease?	☐ Variable ☐ No ☑ Yes. Amount necessary to cure any default as of the date of the petition. \$ 31,152.00					
	ight of setoff?	☑ No ☐ Yes. Identify the property:					

12. Is all or part of the claim entitled to priority under							
11 U.S.C. § 507(a)?	Yes. Check one:					Amount entitled to priority	
A claim may be partly priority and partly	Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).					\$	
nonpriority. For example, in some categories, the law limits the amount entitled to priority.	☐ Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).					\$	
entitied to priority.	Daliki	, salaries, or commissions (up to \$12,850*) earned within 180 days before the ptcy petition is filed or the debtor's business ends, whichever is earlier. C. § 507(a)(4).			ays before the earlier.	\$	7,800.0
		s or penalties owed to govern	mental units, 11 U.S.O	C. & 507(a)(8)		\$	
		ibutions to an employee bene				•	
	100000					\$	22.250.0
		. Specify subsection of 11 U.				\$	23,352.0
	* Amount	s are subject to adjustment on 4/0	01/19 and every 3 years a	ifter that for cas	es begun on or afte	er the date of	f adjustment.
Part 3: Sign Below							
The person completing	Check the app	ropriate box:					
this proof of claim must sign and date it.	☑ I am the c	reditor.					
RBP 9011(b).		reditor's attorney or authorize	ad agent				
f you file this claim		rustee, or the debtor, or their		lenumbour Dudo é	2004		
electronically, FRBP	_						
5005(a)(2) authorizes courts o establish local rules	I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.						
specifying what a signature	I understand that an authorized signature on this <i>Proof of Claim</i> serves as an acknowledgment that when calculating the						
S.	amount of the	at an authorized signature or claim, the creditor gave the d	n this <i>Proof of Claim</i> se	erves as an ac	knowledgment t	hat when c	alculating the
person who files a	amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.						
raudulent claim could be ined up to \$500,000, mprisoned for up to 5	I have examined the information in this <i>Proof of Claim</i> and have a reasonable belief that the information is true and correct.						
ears, or both. 8 U.S.C. §§ 152, 157, and 571.	r both.						
	Executed on da	ote 05/12/2016					
	Gar	I 4. Moor	<u> </u>		<u> </u>	e e	
	Signature Print the name of the person who is completing and signing this claim:						
	i init the name		bleting and signing ti	nis claim:			
	Name	Earl First name	F		Moore		
		riist name	Middle name		Last name		
	Title						
	Company Identify the corporate servicer as the company if the authorized agent is a servicer.						
	Address 88 Ignacio Avenue						
•	Address	Number Street					
		San Francisco		CA	94124		
		City		State	ZIP Code		
	Contact phone			Email			
				-11190			